

**2001 Ryan White Title II
CONTINUATION RFP APPLICATION CHECKLIST**

Legal Name of Applicant: _____

Instructions: This Checklist must be completed and submitted with the continuation RFP application. It is provided to ensure that the application is complete, proper signatures are included, and the required assurances, certifications and attachments have been submitted.

APPLICATION CONTENT

	Included	N/A
A. Application for Financial Assistance is completed, and proper signature and date included	_____	_____
B. Contact Person Information	_____	_____
C. Work Plan and Performance Measures	_____	_____
D. Financial Information		
1. Budget Summary	_____	_____
2. Personnel Form	_____	_____
3. Categorical Budget & Justification	_____	_____
4. Equipment List & Justification for Request for Equipment Purchases	_____	_____
E. Other Required Forms and Documentation		
1. Historically Underutilized Businesses (HUBs)	_____	_____
2. Disclosure of Lobbying Activities	_____	_____
3. Nonprofit Board of Directors and Executive Director Assurances Form	_____	_____
4. TDH Assurances and Certifications	_____	_____
5. Statement of Understanding & Agreement	_____	_____
6. Table 1: Services by Categories Budget	_____	_____
7. Table 2: Services Priorities and Objectives	_____	_____
8. Table 3: Unit Cost Per Category	_____	_____
1. Letter of Consortium Concurrence	_____	_____

SUBMISSION OF APPLICATION:

____ORIGINAL AND TWO COPIES OF APPLICATION TO AUSTIN TDH ADDRESS

____SEND ONE COPY OF APPLICATION TO REGIONAL HIV SERVICES CONSULTANT
OR COORDINATOR